

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/762996

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		(1)				
7		(1)				
8		(1)				
9		(1)				
10		(1)				
11		(1)				
12		(1)				
13		(1)				
14		(1)				
15		(1)				
16	1					
17		1				
18		2				
19		(1)				
20		(1)				
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TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	27	←		←		←
TOTAL CLA.	29					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLA.						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS